

KENT COUNTY HOUSING COMMISSION

82 Ionia Avenue, N.W. Suite 390
GRAND RAPIDS, MICHIGAN 49503-3036
TELEPHONE: (616) 632-7400
FAX: (616) 632-7405



Linda S. Likely
Director

EMPLOYMENT VERIFICATION

Dear Employer: Federal Regulations require us to verify the incomes of applicants and tenants to determine their eligibility for the Department of Housing and Urban Development's Housing Choice Voucher Program. Your completion of this form is necessary. All information will be kept confidential and will be used only to determine eligibility and rent calculations for the Program participant. We are required to complete our determination within a specified time. Therefore your prompt reply will be greatly appreciated. Thank you for your cooperation.

Employee Name: _____ Job Title: _____

Presently Employed: Yes _____ Date First Employed _____
No _____ Date Last Employed _____

Current Wages/Salary: \$ _____ per hour Average # of regular hours per week: _____

How often Paid: ☐ weekly ☐ bi-weekly ☐ semi-monthly ☐ monthly

Overtime Rate: \$ _____ per hour Average # of overtime hours per week: _____

Shift Differential Rate: \$ _____ per hour Average # of shift differential hours per week: _____

Commissions, tips, bonuses: \$ _____ ☐ hourly ☐ weekly ☐ bi-weekly ☐ semi-monthly ☐ monthly

List any anticipated change in the employee's rate of pay: _____ Effective Date: _____

If the employee's work is seasonal or sporadic, indicate the lay-off period(s): _____

Is this employment part of a training program? Yes _____ No _____

If yes, what is the name of the training program agency? _____

What is the date duration of the training program? From _____ To _____

Employer's Signature Employer's Printed Name Date

Company Name and Address

Phone # Fax #

REMIT FORM TO:
KENT COUNTY HOUSING COMMISSION
82 IONIA AVE NW, STE. 390
GRAND RAPIDS, MI 49503
FAX: 616-632-7405